



California Garden Clubs, Inc.

CERTIFICATE / ENDORSEMENT REQUEST FORM

for Participating CGCI Clubs

(Form is Computer Fillable. If printed and filled by hand, please use black ink)

PLEASE ALLOW 2 to 4 WEEKS PROCESSING TIME

YOUR RETURN MAILING ADDRESS

CLUB NAME _____ DISTRICT _____
YOUR NAME _____ TITLE _____
ADDRESS _____
CITY, STATE, & ZIP _____
DAY PHONE (____) _____ EVE (____) _____
E-MAIL _____

TYPE OF EVENT(S) FLOWER SHOW PLANT SALE MEETING GARDEN TOUR OTHER

(If OTHER, state detail) _____

EVENT DATE(S) _____

SET UP DATE(S) _____

CLEAN UP DATE(S) _____

REGULAR MEETING DAY - HOW OFTEN? _____

BUILDING AND EVENT LOCATION (include the Street Address and City) _____

HOW MANY WILL ATTEND THROUGHOUT THE COURSE OF EVENT? _____ If more than 1000, additional charges apply.

CHECK ALL THAT APPLY

CERTIFICATE OF INSURANCE (Proof of Insurance)

ADDITIONAL INSURED REQUESTED - Indicate the interest of the Additional Insured: (NOTE: You must mark one or more of the following AND attach copy of written contract including any instructions, samples, or special wording required.)

Landlord, Manager or Owner of venue (CG 2011)

Funding source (CG 2026)

Government/agency permit (CG 2012)

Work done on behalf of the certificate holder (CG 2010)

Other (describe in detail): _____

Remember, it is required that you provide the entire contract or facility use agreement with this completed form. Reviewing the entire documentation will allow us to to address your contractual obligations to provide the certificate.

CERTIFICATE HOLDER **PLEASE NOTE: This is NOT Your Club or Club Address.** PRINT BELOW THE NAME AND MAILING ADDRESS OF THE PERSON OR ORGANIZATION THAT HAS REQUESTED THAT YOU PROVIDE PROOF OF INSURANCE AND/OR AN ADDITIONAL INSURED ENDORSEMENT.

Name: _____

Address: _____

City, State & Zip + 4: _____

Attn: _____ Rush requested by (Date) _____

Phone: (____) _____ email: _____

NOTE: PLEASE DO NOT STAPLE ANY ITEMS, INCLUDING THE PAYMENT CHECK

Enclose \$35 Check Payable to: CGCI

Mail to: **Shane Looper, CGCI Liability Insurance Chairman**
213 Carmelo Lane
South San Francisco, CA 94080-2204



McDaniel Insurance Services LLC

Questions: 650-871-0172 SLooper@sbcglobal.net

Note: New late processing fee of \$15.00 for ALL Certificate Requests sent to chairman less than 14 days from the date of event.